16 June 2012

Mass Care (Sheltering, Feeding, and Related Services) Exercise Evaluation Guide (EEG) Analysis Form

| Evaluator Name/Location: | |
|--|----------------------------|
| Email Address/Phone #: | |
| Mass Care (Sheltering, Feeding, and Related Se | rvices) |
| Relevant Exercise Objectives | |
| □ EOC Management | □ Continuity of Operations |

Direct Mass Care Operations

| Plan Ref | Task | Metric | Yes | No | Time |
|--------------------|--|---|-----|----|------|
| [Name, Pg/Sec#] | Conduct initial and ongoing mass care needs assessment for sheltering, feeding, and bulk distribution. | Complete within 4 hours of notification of need | | | |
| [Name, Pg/Sec#] | Obtain information on population and location of potentially affected populations as part of planning process. | [From plan] | | | |
| [Name, Pg/Sec#] | Coordinate anticipated need for mass care services with agencies responsible for evacuation. | [From plan] | | | |
| [Name, Pg/Sec#] | Designate sites to serve as mass care facilities including shelters, feeding sites, reception centers, food preparation sites, distribution points, etc. | [From plan] | | | |
| [Name, Pg/Sec#] | Estimate numbers requiring sheltering services. | Within 4 hours; updated every 24 hours | | | |
| [Name, Pg/Sec#] | Estimate numbers requiring feeding services. | Within 4 hours; updated every 24 hours | | | |

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|--------------------|--|--|-----|----|------|
| [Name, Pg/Sec#] | Estimate numbers requiring bulk distribution of relief items. | Within 4 hours; updated every 24 hours | | | |
| [Name, Pg/Sec#] | Implement a daily counting and reporting system for sheltering, feeding, and bulk distribution items delivered. | Every 24 hours | | | |
| [Name, Pg/Sec#] | Activate contingency plans for shelter surge capacity, as needed. | [From plan] | | | |
| [Name, Pg/Sec#] | Activate vendor agreements/MOUs/MOAs in support of mass care activities as needed. | [From plan] | | | |
| [Name, Pg/Sec#] | Acquire and provide resources necessary to support mass care services. | [From plan] | | | |
| [Name, Pg/Sec#] | Identify appropriate communication systems for mass care personnel and facilities. | [From plan] | | | |
| [Name, Pg/Sec#] | Disseminate accurate, timely, and accessible information to the public, media, support agencies, and vendors about mass care services. | [From plan] | | | |
| [Name, Pg/Sec#] | Coordinate mass care services for the general population with appropriate agencies. | [From plan] | | | |

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|--------------------|---|----------------|-----|----|------|
| [Name, Pg/Sec#] | Coordinate with appropriate agencies on common population issues (e.g., disability, language, culture). | [From plan] | | | |
| [Name, Pg/Sec#] | Coordinate mass care services for companion animals and owners with appropriate agencies. | [From plan] | | | |

| Activity Analysis |
|--|
| Observations (Each bullet will need a completed AAR input form.) |
| Strengths |
| • |
| • |
| • |
| Areas for Improvement |
| • |
| Root Cause |
| • |
| Root Cause |
| Pact Cours |
| - Root Cause |
| Additional Observations: |
| |
| |
| |
| |
| |
| |

Establish Shelter Operations

| Plan Ref | Task | Metric | Yes | No | Time |
|--------------------|--|----------------|-----|----|------|
| [Name, Pg/Sec#] | Determine whether areas are located in a safe area as determined by appropriate government agencies. | [From plan] | | | |

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| Plan Ref | Task | Metric | Yes | No | Time |
|--------------------|---|----------------|-----|----|------|
| [Name, Pg/Sec#] | Provide regular updates on shelter needs and capacity. | [From plan] | | | |
| [Name, Pg/Sec#] | Coordinate provision of mass care services within the shelter. | [From plan] | | | |
| [Name, Pg/Sec#] | Coordinate provision of shelter support services with appropriate agencies. | [From plan] | | | |
| [Name, Pg/Sec#] | Coordinate dissemination of information about locations of different kinds of shelter, including companion animal shelters, general population shelters, and functional and medical support shelters. | [From plan] | | | |

| Activ | ity Analysis | | | | | |
|-------|--|--|--|--|--|--|
| Obse | Observations (Each bullet will need a completed AAR input form.) | | | | | |
| Stren | gths | | | | | |
| • | | | | | | |
| • | | | | | | |
| • | | | | | | |
| Areas | s for Improvement | | | | | |
| _ | Root Cause | | | | | |
| _ | Root Cause | | | | | |
| _ | Root Cause | | | | | |

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| Activity Analysis | | |
|--------------------------|--|--|
| Additional Observations: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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